

TA-53 WASTE STREAM ASSESSMENT RECORD

Waste Tracking ID #: _____ Waste Product #(s): _____ Waste Stream #: _____	
(Answer the questions by marking the appropriate block.) <input type="checkbox"/> Initial Record <input type="checkbox"/> Annual Review OR <input type="checkbox"/> Revision #: _____	Date: _____
<input type="checkbox"/> UNPLANNED WASTE STREAM (Complete applicable portions only.)	
Waste Prevention/Minimization	
(Answer the questions by marking the appropriate block. Provide descriptions in the "Comments" section.) (Contact WMC for assistance.) 1. Is there a way not to produce this waste? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, stop and contact WMC.) 2. Can waste be recycled or reused? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Can process be altered to prevent RCRA or TSCA categories prior to generation? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Can Material Substitution be used? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Can Hazard Segregation be used? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. How are minimizing materials and good housekeeping applied? (Note: Answer in "Comments" Section.) Comments: _____ _____ _____	
Radiological Assessment and Characterization	
1. Is the waste radioactively contaminated or activated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify isotopes and provide <u>appropriate</u> radiological assay data (e.g., gamma spectroscopy data, liquid scintillation data, portable survey meter measurements, etc.), or acceptable knowledge. Contact an ESH-1 RCT or a WMC for assistance in choosing the appropriate radiological assay method, or acceptable knowledge for radiological characterization. 2. Will this waste be generated in a volume contamination or contamination RCA? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Can the process be moved outside an RCA? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain.) <input type="checkbox"/> N/A Comments: _____ _____	
Characterization Documentation	
(Check boxes indicating the documentation available for this waste stream.) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Chemical/Physical Analytical data (with chain of custody Lab QA/QC reports, if applicable) <input type="checkbox"/> Radiological assay data and/or report(s) <input type="checkbox"/> Standard Industry Practice documents <input type="checkbox"/> Industry reports on similar processes <input type="checkbox"/> Detailed description of generating process <input type="checkbox"/> TSCA Assessment Documents <input type="checkbox"/> Other (Describe.) _____ _____ </div> <div style="width: 48%;"> <input type="checkbox"/> MSDSs <input type="checkbox"/> Logs or notebooks detailing processes, raw materials <input type="checkbox"/> Records of visual inspections <input type="checkbox"/> Description of probability of RCRA Underlying Hazardous Constituents at point of generation </div> </div>	
Additional Characterization Issues	
(Check boxes that apply to content or classification of this waste. Contact WMC for assistance.) <input type="checkbox"/> PCBs <input type="checkbox"/> Asbestos <input type="checkbox"/> RCRA Solid Waste <input type="checkbox"/> NM Special Waste <input type="checkbox"/> Radioactive <input type="checkbox"/> Medical/Infectious <input type="checkbox"/> Other (Describe below.) Does this waste have an approved disposal path? <input type="checkbox"/> Yes <input type="checkbox"/> No (Contact WMC.) Comments: _____ _____	

Characterization Method and Justification		
<p>Is sufficient AK documentation available? <input type="checkbox"/> Yes <input type="checkbox"/> No (See LIG 404-00-02, <i>Acceptable Knowledge</i>)</p> <p style="margin-left: 40px;">If Yes, go to "Process Controls" section below.</p> <p style="margin-left: 40px;">If No, notify WMC to coordinate sampling and analysis of the waste.</p> <p style="margin-left: 40px;">Summarize characterization method in the space provided below:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
Process Controls		
<p>Evaluate process documentation (including DOPs, SOPs, HCPs, RWP, SWPs, work orders) to ensure adequate controls are in place. For each of the following, check boxes to document evaluation and describe actions to be taken (e.g., permit modification, procedure revision) to establish appropriate controls:</p> <p><input type="checkbox"/> Application of minimization/segregation requirements (including controls on collection, segregation and packaging)</p> <p><input type="checkbox"/> Release of materials from volume contamination or contamination RCAs</p> <p><input type="checkbox"/> Creation, storage, and retention of characterization documentation</p> <p><input type="checkbox"/> Special precautions for waste handling</p> <p><input type="checkbox"/> Integrity of waste containers</p> <p><input type="checkbox"/> Compliance with WAC for TSDF receiving waste</p> <p><input type="checkbox"/> Type of storage area used: <input type="checkbox"/> None <input type="checkbox"/> <90 <input type="checkbox"/> SAA <input type="checkbox"/> Other</p> <p>Comments:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
Initial Certification Review and Approval:		
The information on this form is true and correct to the best of my knowledge.		
Title	Printed Name and Signature	Date
Waste Generator		
Project/Process Leader		
Waste Management Coordinator		
Final Certification Review and Approval		
<p>(Select appropriate box and complete actions as indicated.)</p> <p><input type="checkbox"/> Waste generation and characterization is accurately described in this package. No changes required.</p> <p><input type="checkbox"/> Waste generation and characterization indicates need for change. Attach summary description of required changes. Include process control changes as appropriate.</p>		
Signature indicates management of wastes from this process in accordance with GWCP.		
Title	Printed Name and Signature	Date
Waste Generator		
Project/Process Leader		
Waste Management Coordinator		